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# HOUSE RESEARCH ORGANIZATION

## daily floor report

Monday, July 31, 2017  
85th Legislature, First Called Session, Number 9  
The House convenes at 2 p.m.

Four bills are on the General State Calendar for second-reading consideration today:

HB 9 by Burkett	Continuing the maternal mortality task force and expanding its duties	1
HB 10 by Walle	Continuing the maternal mortality task force and expanding its duties	8
HB 11 by Thierry	Extending maternal mortality task force; study on certain at-risk mothers	14
HB 28 by Ortega	Adding a member to the Maternal Mortality and Morbidity Task Force	19

The following House committees are scheduled to hold public hearings today at 2 p.m. or on adjournment: Corrections in Room E2.014 and Elections in Room E1.026.



Dwayne Bohac  
Chairman  
85(1) - 9

SUBJECT: Continuing the maternal mortality task force and expanding its duties

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick,  
Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — *(Registered, but did not testify:* Lisa Hollier, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists, Texas Children's Hospital; Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Marisa Finley, Baylor Scott & White Health; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund - Texas; Stacy Wilson, Children's Hospital Association of Texas; Jessica Follett, CHRISTUS Health; Andrea Garcia, League of Women Voters - TX; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) TX; Will Francis, National Association of Social Workers - Texas Chapter; Katie Astoria, Elaine Cavazos, and Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas.; Adriana Kohler, Texans Care for Children; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Jennifer Allmon, the Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Knox Kimberly, Upbring; Maggie Jo Buchanan, Young Invincibles; and six individuals)

Against — *(Registered, but did not testify:* Fatima Mann, Counter Balance Foundation)

On — (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Lesley French and Jami Snyder, Health and Human Services Commission)

**BACKGROUND:** Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019.

Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

**DIGEST:** CSHB 9 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

**Duties of task force.** The bill would expand the duties of the task force to include the study and review of:

- rates or disparities in pregnancy-related deaths and severe maternal morbidity;
- health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report by the task force and the Department of State Health Services

(DSHS); and

- best practices and programs operating in other states that have reduced rates of pregnancy-related death.

CSHB 9 also would require the task force to compare the rates of pregnancy-related deaths based on the mother's socioeconomic status and to consult with the Perinatal Advisory Council when making recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. The recommendations made in consultation with the advisory council would have to be included in the task force's biennial joint report with DSHS.

**Analysis and reporting of pregnancy-related death data.** When analyzing cases of pregnancy-related death, DSHS could either randomly select cases or select all cases for the task force to review. CSHB 9 would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity to identify any trends, rates, or disparities. The department also would be required to submit a biennial report by December 1 of each even-numbered year to certain state authorities and legislative committees on processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality, as specified in the bill.

CSHB 9 would require DSHS to consult with the task force to examine national standards for the collection of death information and would allow DSHS to convene a panel of experts to advise the department and task force in developing recommendations for improving the collection of accurate information related to cause of death. This report could be included as part of another DSHS report to the Legislature. The section on death data reporting would expire September 1, 2021.

**Maternal health and safety initiative.** The bill also would require DSHS, in collaboration with the task force, to create a maternal health and safety initiative. The initiative would promote and facilitate among Texas health care providers the use of informational materials on maternal health and safety, including tools and procedures related to best practices. The bill would require DSHS to submit a report to the executive commissioner

of the Health and Human Services Commission (HHSC) by December 1 of each even-numbered year with a summary of the maternal health and safety initiative's outcomes and recommendations for improving its effectiveness.

**Screening and education for substance use.** By June 1, 2018, the bill would require the task force to coordinate with DSHS to make educational materials on substance use available to physicians and other individuals licensed or certified in conducting substance use screening of pregnant women. This information would include guidance in best practices for verbally screening pregnant women for substance use and a list of substance use treatment resources throughout the state. DSHS and the task force also would review and promote the use of materials on the consequences of opioid drug use during pregnancy. The information and materials would be available on the DSHS website.

**Feasibility study and other requirements.** The bill would require HHSC to:

- evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of maternal mortality as identified in the joint biennial report from DSHS and the task force, and for treating postpartum depression in economically disadvantaged women;
- coordinate with DSHS and the task force in identifying strategies to lower costs of providing Medicaid related to severe maternal morbidity and chronic illness;
- coordinate with DSHS and the task force to identify strategies in improving quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness;
- use existing resources, in collaboration with DSHS, to study the feasibility of adding a provider's use of certain best practices in maternal health and safety as a quality indicator for HHSC data and Medicaid quality-based payment purposes; and
- by December 1 of each even-numbered year, submit a report including a summary of the efforts of HHSC and DSHS to accomplish tasks required by CSHB 9 related to pregnancy-related

deaths, severe maternal morbidity, and postpartum depression, as well as a summary of the maternal health and safety initiative report.

The requirement for HHSC to collaborate with DSHS on a feasibility study related to a maternal health and safety initiative would expire May 1, 2019.

**Federal authorization and effective date.** If a state agency determined that an additional waiver or authorization from a federal agency was necessary to implement a provision of CSHB 9, the affected agency could delay implementing that provision until it received the waiver or authorization.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

**SUPPORTERS  
SAY:**

CSHB 9 would help address an increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality and Morbidity Task Force until 2023. Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and many industrialized countries. Continuing the task force through 2023 would allow the state to address more directly the causes of pregnancy-related deaths in Texas. By expanding the task force's duties, CSHB 9 also would implement one of the governor's priorities for the special session.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases would help DSHS make decisions on prevention programs going forward.

The bill would help combat the effects of postpartum depression, including suicide. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to evaluate options for treating postpartum depression in economically

disadvantaged women could lead to improved access to mental and behavioral health screenings before and after childbirth.

The Maternal Mortality and Morbidity Task Force works best as a statewide task force, bringing together physicians, DSHS staff, community advocates, registered nurses, medical examiners, ob-gyns, researchers, nurse-midwives, social workers, and other experts in pregnancy-related deaths to work on this issue. Continuing the task force would demonstrate the importance Texas places on reducing the state's rates of maternal mortality and morbidity.

The committee substitute reflects proposals to reduce maternal mortality and morbidity that were not in the introduced bill, including making available substance use treatment screenings and educational materials for pregnant women and reporting on best practices in collecting death information.

**OPPONENTS  
SAY:**

Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.

**OTHER  
OPPONENTS  
SAY:**

While CSHB 9 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals that could further improve maternal health, including developing guidelines to reduce the number of unnecessary cesarean section procedures performed in the state, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

**NOTES:**

According to the Legislative Budget Board's fiscal note, CSHB 9 would have a negative impact to general revenue related funds of \$475,349 during fiscal 2018-19 due to additional staff costs and other expenses.

A companion bill, SB 17 by Kolkhorst, was approved by the Senate on

July 25.

The committee substitute differs from the bill as filed by including provisions on screening and educational materials for substance use and on cause of death data.

Three other bills related to the Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 10 by Walle, et al. and HB 11 by Thierry would continue the task force until 2023 and amend its duties, among other provisions. HB 28 by Ortega, et al. would increase the membership of the task force to include one nurse specializing in labor and delivery.

SUBJECT: Continuing the maternal mortality task force and expanding its duties

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick,  
Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — Lisa Hollier, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists, Texas Children's Hospital; (*Registered, but did not testify*: Rebecca Marques, ACLU of Texas; Juliana Kerker, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund - Texas; Stacy Wilson, Children's Hospital Association of Texas; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Andrea Garcia, League of Women Voters - TX; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby and Blake Rocap, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) TX; Will Francis, National Association of Social Workers - Texas Chapter; Katie Astoria, Elaine Cavazos, and Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Dan Finch, Texas Medical Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Jennifer Allmon, Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Maggie Jo Buchanan, Young Invincibles; and eight individuals)

Against — (*Registered, but did not testify*: Fatima Mann, Counter Balance

Foundation)

On — (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Lesley French and Jami Snyder, Health and Human Services Commission)

**BACKGROUND:** Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019.

Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

**DIGEST:** CSHB 10 would continue the Maternal Mortality and Morbidity Task Force until December 31, 2023.

**Duties of task force.** The bill would expand the duties of the Maternal Mortality and Morbidity Task Force to include the study and review of trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity, rather than only trends in severe maternal morbidity. It also would require the task force to identify practice opportunities in maternal health care and to develop evidence-based best practice recommendations for maternal health care, prioritized to address the most prevalent causes of pregnancy-related death and severe maternal

morbidity.

The bill would allow the task force to consult with representatives of any state agencies, collaboratives, and councils when gathering information, including the Health and Human Services Commission (HHSC), the state perinatal quality collaborative, and the Perinatal Advisory Council.

**Analysis and reporting of pregnancy-related death data.** CSHB 10 would direct the Department of State Health Services (DSHS), when analyzing cases of pregnancy-related death, either to randomly select cases or to select all cases for the task force to review. The bill would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity in Texas to identify any trends, rates, or disparities.

**Cause of death data collection and reporting.** DSHS would be required to submit a biennial report by October 1 of each even-numbered year to certain state authorities and legislative committees on processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality, as specified in the bill.

CSHB 10 would require DSHS to consult with the task force to examine national standards for the collection of death information and would allow DSHS to convene a panel of experts to advise the department and task force in developing recommendations for improving the collection of accurate information related to cause of death. This report could be included as part of another DSHS report to the Legislature. The cause of death data collection and reporting requirements would expire September 1, 2021.

**Maternal health care informational materials.** CSHB 10 would direct DSHS to collaborate with the task force, HHSC, and the state perinatal quality collaborative to promote and facilitate the use of maternal health care informational materials among Texas health care providers. These materials would include tools and procedures related to best practice recommendations for maternal health care that would be developed by the task force. CSHB 10 would require DSHS to submit a report by December

1 of each even-numbered year to certain state officials, the Legislative Budget Board, and appropriate standing legislative committees that included a study of the implementation and outcomes of providing the informational materials and recommendations for improving them.

The bill would specify that its provisions related to the informational materials did not create a cause of action or create a standard of care, obligation, or duty that provided a basis for a cause of action. Evidence that a person failed to comply with the practices or procedures recommended by the informational materials would not be admissible in a civil, judicial, or administrative proceeding.

**Feasibility study.** CSHB 10 would direct HHSC to use existing resources to study and determine the feasibility of facilitating the adoption of best practice recommendations made by the task force and improving maternal health outcomes as part of a value-based and quality improvement initiative to promote better health outcomes and to lower costs for publicly funded health care services. In conducting the study, HHSC would consult as necessary with interested persons, including managed care organizations and providers. DSHS would collaborate with HHSC in compiling available data and information. HHSC could deliver the study as part of another required report. The feasibility study requirements would expire May 1, 2019.

**Federal authorization and effective date.** If a state agency determined that an additional waiver or authorization from a federal agency was necessary to implement a provision of CSHB 10, the affected agency could delay implementing that provision until it received the waiver or authorization.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

SUPPORTERS  
SAY:

CSHB 10 would help address an increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality and Morbidity Task Force until 2023. Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and

many industrialized countries. Continuing the task force would allow the state to more directly address the causes and lower the rate of pregnancy-related deaths. By expanding the task force's duties, CSHB 10 also would implement one of the governor's priorities for the special session.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases and giving the task force clearer direction on case analysis would help DSHS make better decisions on prevention programs.

The task force works best as a statewide task force, bringing together stakeholders without the financial pressure of a private institution. A non-state entity could not do the work more efficiently and likely would encounter the same challenges in consolidating and analyzing sensitive health data. Continuing the task force would show the importance Texas places on reducing maternal mortality and morbidity rates.

The bill includes proposals from diverse stakeholders designed to reduce maternal mortality and morbidity without a cost to the state. CSHB 10 would help provide mothers with actionable solutions by promoting and facilitating use of maternal health care information materials among Texas health care providers. The bill also could help HHSC implement best practices identified by the task force into the Medicaid value-based payment structure, which could address some health insurance-related issues. This bill is designed to focus on the task force's functions and roles, and other solutions could be addressed by other legislation.

**OPPONENTS  
SAY:**

Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.

**OTHER  
OPPONENTS  
SAY:**

While CSHB 10 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals to further improve maternal health, including developing guidelines to

reduce the number of unnecessary cesarean section procedures performed in the state, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

**NOTES:**

The committee substitute differs from the bill as filed in that it would allow the task force and DSHS to consult with any state agencies, collaboratives, and councils when gathering information. The substitute also specifies that the bill would not provide a basis for a cause of action.

Three other bills related to the Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 9 by Burkett, et al. and HB 11 by Thierry would continue the task force until 2023 and amend its duties, among other provisions. HB 28 by Ortega, et al. would increase the membership of the task force to include one nurse specializing in labor and delivery.

SUBJECT: Extending maternal mortality task force; study on certain at-risk mothers

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick, Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — Fatima Mann, Counter Balance Foundation; Darline Turner, Mamas on Bedrest & Beyond; Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Yannis Banks, Texas NAACP; Marsha Jones, The Afiya Center; Cheryl Perkins; Maria Person; (*Registered, but did not testify*: Rebecca Marques, ACLU of Texas; Lisa Hollier, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists, and Texas Children's Hospital; Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District and Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund-Texas; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Nancy George, Doctors For Change; Andrea Garcia, League of Women Voters of Texas; Lucinda Saxon, Legacy Community Health; Amanda Williams, Lilith Fund; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby and Blake Rocap, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness-TX; Will Francis, National Association of Social Workers-Texas Chapter; Katie Astoria, Elaine Cavazos, and Laura Howard, Pregnancy and Postpartum Health Alliance of Texas; Lucy Stein, Progress Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Mary Allen, Texas Association of Community Health Centers; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Dan Finch, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez,

Texas Women's Healthcare Coalition; Deneen Robinson, The Afiya Center; Jennifer Allmon, Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Maggie Jo Buchanan, Young Invincibles; and 17 individuals)

Against — (*Registered, but did not testify*: Bettie Forman)

On — Lesley French, Health and Human Services Commission;  
(*Registered, but did not testify*: Manda Hall, Department of State Health Services)

**BACKGROUND:** Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019.

Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

**DIGEST:** CSHB 11 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would expand the duties of the task force to include studying, reviewing, and collecting data on:

- rates, health conditions and factors, and disparities in pregnancy-related deaths and severe maternal morbidity;
- the most prevalent health conditions and factors that caused death in African-American women as identified in the biennial report issued jointly by Department of State Health Services (DSHS) and the task force; and
- best practices and programs operating in other states that have reduced rates of pregnancy-related deaths.

CSHB 11 also would require the task force to compare rates of pregnancy-related deaths based on the mother's socioeconomic status.

The bill would direct the Department of State Health Services (DSHS), when analyzing cases of pregnancy-related death, either to randomly select cases or to select all cases for the task force to review. It would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity to identify any trends, rates, or disparities.

The Health and Human Services Commission (HHSC) would:

- evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the joint biennial report, and for treating postpartum depression in economically disadvantaged women; and
- submit by December 1 of each even-numbered year to certain state officials, the Legislative Budget Board, and appropriate standing legislative committees a written report summarizing commission efforts in conjunction with DSHS to accomplish these tasks.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

SUPPORTERS  
SAY:

CSHB 11 would help address the increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality Task Force until 2023 and directing it to study the health conditions and factors that

cause a disproportionate rate of pregnancy-related death in African-American women.

Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and many industrialized countries. Continuing the task force would allow the state to more directly address the causes of and lower the rate of pregnancy-related deaths in Texas, especially for African-American women. By expanding the task force's duties, the bill also would implement one of the governor's priorities for the special session.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases and giving it clearer direction on case analysis would help DSHS make better decisions on prevention programs.

The bill would help combat the effects of postpartum depression, including suicide. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to evaluate options for treating postpartum depression in economically disadvantaged women could lead to improved access to mental and behavioral health screenings before and after childbirth.

The task force works best as a statewide task force, bringing together physicians, DSHS staff, community advocates, registered nurses, medical examiners, ob-gyns, researchers, nurse-midwives, social workers, and other experts in pregnancy-related deaths to work on this issue. Continuing the task force would demonstrate the importance Texas places on reducing rates of maternal mortality and morbidity.

**OPPONENTS  
SAY:**

Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.

OTHER  
OPPONENTS  
SAY:

While CSHB 11 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals that could further improve maternal health, including developing guidelines to reduce the number of unnecessary cesarean section procedures performed in the state, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

NOTES:

The committee substitute differs from the introduced bill in that CSHB 11 would require the task force to study, review, and collect data on the most prevalent health conditions and factors that caused death in African-American women.

Three other bills related to the changes to Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 9 by Burkett, et al. and HB 10 by Walle, et al. would continue the task force until 2023 and amend its duties, among other provisions. HB 28 by Ortega, et al. would increase the membership of the task force to include one nurse specializing in labor and delivery.

A companion bill, SB 82 by Kolkhorst, was left pending in the Senate Committee on Health and Human Services on July 21.

SUBJECT: Adding a member to the Maternal Mortality and Morbidity Task Force

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick,  
Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — (*Registered, but did not testify*: Rebecca Marques, ACLU of Texas; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Heather Busby and Blake Rocap, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness-TX; Will Francis, National Association of Social Workers-Texas Chapter; Lucy Stein, Progress Texas; Adriana Kohler, Texans Care for Children; Mary Allen, Texas Association of Community Health Centers; Ryan Valentine, Texas Freedom Network; Yannis Banks, Texas NAACP; Andrew Cates, Texas Nurses Association; John Burleson, Travis County Resistance; and 14 individuals)

Against — None

On — (*Registered, but did not testify*: Manda Hall, Department of State Health Services)

BACKGROUND: Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force. This multidisciplinary advisory committee within the Department of State Health Services (DSHS) is composed of 15 members, including a representative of the department's family and community health programs, the state epidemiologist or a designee, and 13 members appointed by the DSHS commissioner, as follows:

- seven physicians, including four specializing in obstetrics and one each in family practice, psychiatry, and pathology;
- one registered nurse and one certified nurse midwife;

- one epidemiologist, biostatistician, or researcher of pregnancy-related deaths;
- one social worker or social service provider;
- one community advocate in a relevant field; and
- one medical examiner or coroner.

**DIGEST:** HB 28 would increase the number of appointed members on the Maternal Mortality and Morbidity Task Force from 13 to 14 by including one nurse specializing in labor and delivery. The total task force membership would increase from 15 to 16.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

**SUPPORTERS SAY:** HB 28 would enhance the Maternal Mortality and Morbidity Task Force's ability to fulfill its duties by adding a member with practical experience working directly with women during the labor and delivery process. A labor and delivery nurse plays a vital role during a woman's pregnancy and after childbirth because the nurse is often the first person to detect pregnancy-related complications such as hemorrhaging. The addition of this health professional would provide valuable, hands-on knowledge when the task force makes recommendations to reduce the maternal mortality and morbidity rate in Texas.

**OPPONENTS SAY:** No apparent opposition.

**NOTES:** Three other bills related to changes to the Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 9 by Burkett, et al., HB 10 by Walle, et al., and HB 11 by Thierry each would continue the task force until 2023 and amend its duties, among other provisions.